## Arizona Department of Education School Nutrition Programs Application Food Distribution Program Delivery Information 2008-2009

**Instructions**: Complete this form to receive commodities. If sponsor has more than four delivery locations, duplicate this form prior to completing and continue delivery locations on the second form. **Reminder**: The delivery times for commodities are between **6:00** a.m. and **2:30** p.m. You must have staff available during this time to accept deliveries.

1. Sponsoring Organization:	CTD#:
2. Commodity Contact	3. Commodity Billing Contact:
Name:	Name:
Address:	Address:
Address: St: Zip: Phone: () ext	Address:  City:  Phone: () ext
Phone: () ext	Phone: () ext
-ax. (	Fax. (
E-mail:	E-mail:
4. Daily Student Participation Estimate - Complete	e if new sponsor only:
5. Delivery Locations:	
Site Name:	
Contact:	Phone: () Ext
Street Address	Fax: ()
	E-mail:
City:	
Delivery Option - Select one: Prep-site Ware	house* Pick-up at Distributor**
Site Name:	
Contact:	Phone: () Ext
Street Address	Fax: ()
	E-mail:
	St: Zip: County:
<b>Delivery Option -</b> Select one: Prep-site ☐ Ware	
Site Name:	
Contact:	Phone: () Ext
Street Address	Fax: ()
	E-mail:
	St: Zip: County:
<b>Delivery Option -</b> Select one: Prep-site ☐ Ware	
Site Name:	
Contact:	Phone: () Ext
Street Address	
	St: Zip: County:

**Delivery Option -** Select one: Prep-site ☐ Warehouse\* ☐ Pick-up at Distributor\*\* ☐

<sup>\*</sup> Must have a minimum of 100 cases per order and exchangeable pallets.

<sup>\*\*</sup> Requires 100 case minimum per order, exchangeable pallets, fork-lift and refrigerated truck.